



*A Community Action Agency*

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## Home Injury Control Devices Available

Client Name \_\_\_\_\_

Date of application \_\_\_\_\_

Have you had any falls in the bathroom during the last 6 months? If you did how many? \_\_\_\_

Please mark the items that you would like to live more safely in your home.

\_\_\_ installed tub grab bars

\_\_\_ side of the tub grab bars

\_\_\_ shower chair with back

\_\_\_ shower chair without back

\_\_\_ transfer bench

\_\_\_ stairway/hallway grab bars

\_\_\_ hand-held showerhead

\_\_\_ smoke alarm

\_\_\_ co detector

\_\_\_ raised toilet seats with bars

\_\_\_ raised toilet seat without bars

\_\_\_ tub mat

\_\_\_ bedside commode

\_\_\_ Bedside rail

I certify that I have received the above marked devices.

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Client signature

Worker signature